

Release of Information for Division of Disability, Aging and Rehabilitative Services' Mortality Review Committee

What is the MRC and Who are the members of the MRC:

The Mortality Review Committee (MRC) is an integral part of the Quality Improvement Committee process for the Bureau of Quality Improvement Services (BQIS). The information gained by the MRC is used to identify trends; direct training needs and develop recommendations that are forwarded to the Quality Improvement Executive Council (QIEC), which is made up of the Division of Disability, Aging and Rehabilitative Services (DDARS) Director and the DDARS Bureau Directors. A staff of the Bureau of Quality Improvement Services chairs the MRC. Members of the MRC include a community physician, a Registered Nurse representing the Office and Medicaid Policy and Planning, and a Registered Nurse representing the Bureau of Aging and In-home Services (BAIHS). The DD Waiver Ombudsman and an Adult Protective Services Representative also represent the BAIHS. Representatives from the community - including advocates and family members, the Bureau of Developmental Disabilities Services, the Bureau of Quality Improvement Services and Indiana Department of Health round out the MRC membership.

What the MRC reviews:

The MRC meets on a monthly basis to review information relative to the death of persons receiving developmental disability services provided under the auspices of the Division of Disability, Aging, & Rehabilitative Services (DDARS). The specific DDARS service types for which case file information is reviewed are the State Developmental Centers; Large and Small Private ICF/MR facilities; and All Supported Living Services and Supports per 460 IAC 6. The MRC also reviews case files of individuals who received any of the service types listed above and either died in a hospital setting or within 90 days of moving to a nursing home.

Each case file that the MRC reviews includes a Notification of Client/Recipient/Resident Death packet, the incident report, medical records, the death certificate, chronological notations of all service providers for a period of thirty days prior to the end of services being provided to the individual, and when applicable, hospital discharge documents, the coroner's report and the autopsy report. The MRC may request additional information based on questions that are brought forth during the MRC review. The more thorough the reported information, the better able the MRC is to determine improvements needed in the service systems.

Why the MRC wants the information and what do they do with it:

The MRC knows that the individual's information that is submitted for review can not change the circumstances that led to that person's death. The MRC strives to use the information submitted for review in each case to identify trends, direct training needs, recommend development and/or modification of provider policies and standards, or to modify state policies to address systemic issues that are seen during the review. An important outgrowth of this process is recognition of best practices, and recommendations to implement those as systemic changes. Systemic Recommendations are sent for review and action to the Quality Improvement Executive Council. Many of the recommendations made by the MRC have been incorporated in the Standards for Supported Living Services and Supports 460 IAC 6. These include requiring that all staff are trained in First Aide/CPR, side effects for medications, and the specific items being reviewed in the development of Individual Support Plans, such as dining plans and medical needs. The MRC has also referred situations for corrective action and to other state entities that may need to further review the situations, such as a referral to the Indiana State Department of Health regarding the treatment provided by a facility operating under ISDH license or certification, or to the Attorney General's Office. By reviewing the information from each death, the MRC wants to make the changes necessary within each level to make the provision of services safer for all individuals. As next of kin, you have the right to receive the results of the MRC review.

Your assistance is needed in order for the MRC to complete their review.

The provider responsible for completion of the MRC packet is to assist you by reviewing this form and submitting the form to the health provider. A copy of this form and documentation confirming date this form was sent to the health provider is to be submitted with the provider's MRC packet. Follow up to assure that the information is received by the MRC is the responsibility of the provider completing the MRC packet. If the information is not received in a timely manner the provider will be informed that follow up is necessary.

I, _____, hereby authorize
(Name of person signing authorization)
_____ to release the medical records of
(Name of health provider)

Name of patient: _____

Address of patient: _____

to: Mortality Review Committee ATTN: Lynn Underwood; 402 West Washington Street; PO Box 7083, MS26; IGCS-Room W451; Indianapolis, IN 46207-7083; Fax: (317) 234-2225; Telephone: (317) 234-1146

for the purpose of review of information relative to the death of _____,
(Name of Patient)

an individual receiving developmental disabilities services under the auspices of the Division of Disability, Aging, and Rehabilitative Services.

The information to be released is:

____ Hospital Treatment and Discharge Records from _____ to _____

____ Autopsy Report

____ Coroner's Report

This authorization is subject to revocation at any time, except to the extent that action has been taken in reliance thereon. It will expire automatically sixty (60) days after the date of the signature below.

Signature

Date

Relationship to Patient

This release was provided to:

____ on _____
(Name of person and entity) (Date)

via mail / fax / hand delivery by _____.
(Circle one) (Name of staff)

____ on _____
(Name of person and entity) (Date)

via mail / fax / hand delivery by _____.
(Name of staff)

____ on _____
(name of person and entity) (date)

via mail / fax / hand delivery by _____.
(name of staff)

____ on _____
(name of person and entity) (date)

via mail / fax / hand delivery by _____.
(Name of staff)